

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: BETHANY ASSISTED LIVING INC. (0010907)

Address: 300 MICHIGAN AVE, CENTURIA, WI 54824

License Status: REGULAR

Licensed/Certified/Registered 11/01/2005

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Survey ID: 0097266 **End Date:** 05/11/2006 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10011360 Served 06/16/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS		
50.065(3)(b)	COMPLETE BACKGROUND CHECK PROCESS		
83.06(1)(a)3	NEEDS NOT COMPATIBLE WITH CLIENT GROUP		
83.11(3)(a)	RESPONSIBILITIES		
83.12(2)(a)	ADMINISTRATOR QUALIFICATIONS		
83.13(4)(a)	COMMUNICABLE DISEASE CONTROL		
83.13(7)(a)	EMPLOYEE PERSONNEL RECORD		
83.14(1)(a)	CLIENT RELATED TRAINING		
83.14(1)(b)	NEED ASSESSMENT AND ISP		
83.14(1)(c)	UNIVERSAL PRECAUTIONS		
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING		
83.14(3)	INITIAL TRAINING MEDICATIONS		
83.14(7)(b)	CONTINUING EDUCATION		
83.14(8)	DOCUMENTATION		
83.15(1)(c)1	ADEQUATE STAFFING		
83.16(1)	ADMISSIONS AGREEMENT		
83.16(1)(f)	BEDHOLD FEE		
83.21(4)(o)	MEDICATIONS		
83.32(2)(a)	INDIVIDUALIZED SERVICE PLAN-SCOPE		
83.32(2)(b)	DEVELOPMENT		
83.32(2)(c)1	ANNUAL EVALUATION-PARTICIPATION		
83.32(2)(d)	REVIEW OF PROGRESS		
83.33(2)(g)3	CBRF ARRANGE HEALTH VISITS AND DOCUMENT		
83.33(3)(a)2	REVIEW OF MEDICATION REGIMEN		
83.33(3)(c)3	PROOF-OF-USE RECORD AUDITED DAILY		
83.33(3)(e)4	UNIT DOSE OR UNIT TIME PACKETS		
83.35(2)	MODIFIED OR SPECIAL DIETS		
83.35(7)(b)2	FOOD PREPARATION AREA CLEAN GOOD REPAIR		
83.41(10)(a)	BUILDING MAINTENANCE		
83.41(5)(d)1	WATER SUPPLY		

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

83.42(3)(e)	QUARTERLY FIRE DRILLS
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL
83.42(6)(a)1	ANNUAL INSPECTION BY FIRE DEPARTMENT
83.43(3)(b)1	TESTING BY SERVICE COMPANY
83.43(3)(b)2	TESTING OF SMOKE DETECTORS
83.43(7)(b)	INSTALLATION AND MAINTENANCE

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.